

LEGAL ASSISTANCE OFFICE, MCRD, SAN DIEGO (619) 524-4110/4111

BASIC LIVING WILL QUESTIONNAIRE

NOTES: Both spouses must be present for the interview; otherwise, we will create a will only for the person we interview.
 If you and your spouse don't want to share the same overall estate plan, then each must complete a separate questionnaire.
 You must fill out this form completely before you arrive for your appointment with an attorney.

PERSONAL INFORMATION

DATE:

1. Marital Status (check all that apply)		Svcmb: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce				
		Spouse: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated or about to divorce				
2. Service member's Name (First, Middle, Last)			Soc. Sec. No.		Date of Birth	
3. Spouse's Name (First, Middle, Last)			Soc. Sec. No.		Date of Birth	
4. Home Address (Number, Street)			City		State	Zip
5. Mailing Address If Different From Above (Number, Street)			City		State	Zip
6. Home Phone ()		Svcmb's Work Phone ()		Spouse's Work Phone ()		
7. Svcmb's Command/Employer/Retired Time in Svc		Svcmb's Occupation		Svcmb's Rate/Rank		Branch of Service
8. Spouse's Command/Employer/Retired Time in Svc		Spouse's Occupation		Spouse's Rate/Rank		Branch of Service

ADVANCED MEDICAL DIRECTIVES AND POWERS OF ATTORNEY

A LIVING WILL

9. A Living Will makes your wishes known to family and doctors regarding life support and other medical decisions in the event you become terminally ill or injured with no hope for recovery. Do you want a living will?	Svcmb <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
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When you come in to execute your living will, you will select which of the following procedures will be *withheld* if you are terminal:
 surgery, antibiotics, CPR, respiratory support, and artificially administered feeding and fluids. You will have the option of selecting all of them, some of them, or none of them at the time you come in to execute your living will.

10. Upon your death, do you wish to donate your organs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. For transplants	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. For science or medical research	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. If practical, do you want your family to remove you from a hospital or nursing home so you can die at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Who do you wish to appoint to carry out the instructions you set forth in your living will?

For Svcmb	For Spouse
1st Choice:	1st Choice:
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address	Address

Phone Number	Phone Number
2nd Choice:	2nd Choice:
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address	Address
Phone Number	Phone Number

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

15. A **Durable Power of Attorney for Health Care** gives broader protection. Do you want to appoint someone (spouse, child, friend) to make health care decisions for you when you are unable to, but not necessarily terminal? If so provide the following or ☐ check this box if you want the same people you listed above in question 14.

For Svcmb	For Spouse
1st Choice:	1st Choice:
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address	Address
Phone Number	Phone Number
2nd Choice:	2nd Choice:
Full Name (First, Middle, Last) & Relationship	Full Name (First, Middle, Last) & Relationship
Address	Address
Phone Number	Phone Number

After you meet with an attorney to discuss your estate plan, the attorney will draft the will. The attorney will normally complete the will within a few weeks (subject to change based on the needs of active duty personnel at deploying commands).

Once your attorney has finished drafting your will, our office will call you to schedule an appointment to execute your will and other documents. When you come back to the office for the will execution, you will review your documents and execute them in a signing ceremony with witnesses.

Will Execution Date: _____ Time: _____